



Welcome to this edition of *Hospital Happenings*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. *Hospital Happenings* is designed to help hospitals stay up-to-date on various issues. Please share with your staff.

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Spring 2011



MOST COMMONLY CITED DEFICIENCIES

Following is a breakdown of the most common deficiencies cited in the North Dakota hospital program from Oct. 1, 2009, through Sept. 30, 2010.

FEDERAL HEALTH DEFICIENCIES CRITICAL ACCESS HOSPITALS (CAH)

C0241— GOVERNING BODY OR RESPONSIBLE INDIVIDUAL

The CAH's governing body is responsible for determining, implementing and monitoring policies governing the CAH's total operation and for ensuring those policies are administered so as to provide quality care in a safe environment. The governing body must ensure medical staff appointments/reappointments occur consistent with the approved bylaws and that medical staff adhere to and follow the bylaws approved by the governing board.

C0276—PATIENT CARE POLICIES—DRUG MANAGEMENT

The CAH must have rules for the storage, handling, dispensation and administration of drugs and biologicals. Pharmaceutical services must be administered in accordance with accepted professional principles to ensure the safe and appropriate use of medications.

C0295—NURSING SERVICES

A registered nurse must provide, or assign to other personnel, the nursing care of each patient in accordance with the patient's needs and ensure those needs are met by ongoing assessments, and also ensure there is sufficient personnel to respond to the appropriate medical needs and care of the patients being served. The CAH must ensure all nursing personnel assigned to provide nursing care have the appropriate education, experience, licensure, competency and specialized qualifications.

C0302—RECORDS SYSTEMS

The CAH must maintain legible, complete, accurately documented, readily accessible and systematically organized medical records of all orders, test results, evaluations, treatments, interventions, care provided and the patient's response to those treatments, interventions and care.

C0337—QUALITY ASSURANCE

The CAH's Quality Assurance program requires all patient care services and other services affecting patient health and safety are evaluated.

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C0278—PATIENT CARE POLICIES— INFECTION CONTROL PROGRAM

The CAH must have an active surveillance program that includes specific measures for preventing, identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel within the CAH.

C0298—NURSING SERVICES

A nursing care plan must be developed and kept current for each inpatient.

C0304—RECORDS SYSTEMS

The CAH must maintain a record that includes identification and social data, informed consent forms, pertinent medical history, assessment of health status and health-care needs, and a brief summary of the episode, disposition and instructions for each patient receiving health care services.

C0307—RECORDS SYSTEMS

For each patient receiving health care services, the CAH maintains a record that includes dated signatures of the M.D., D.O., or other health care professional.

C0340—QUALITY ASSURANCE

The CAH must evaluate the quality and appropriateness of the diagnosis and treatment of patients furnished by physicians.

FEDERAL HEALTH DEFICIENCIES PROSPECTIVE PAYMENT SYSTEM HOSPITALS (PPS)

A0118—PATIENT RIGHTS: GRIEVANCES

The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.

A0164—PATIENT RIGHTS: RESTRAINT OR SECLUSION

Restraint or seclusion only may be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm.

A0700—PHYSICAL ENVIRONMENT

The hospital must be constructed, arranged and maintained to ensure the safety of patients and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

FEDERAL LIFE SAFETY CODE

K0029—HAZARDOUS AREAS

One-hour fire-rated construction (with 3/4-hour fire-rated doors) or an automatic sprinkler system must be provided for hazardous areas. Where an automatic sprinkler system is provided, the areas must be separated from the other spaces by smoke-resisting partitions and doors. Hazardous-area doors must be provided with self-closing devices. Doors to hazardous areas without sprinklers must be fire rated and provided with appropriate gaskets. Penetrations through hazardous area walls must be sealed with material to maintain the fire and smoke-resistance rating.

K0032—EXITS

Not less than two exits, remote from each other, must be provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit.

K0130—MISCELLANEOUS

Deficiencies include testing and maintenance of emergency lighting and transfer switches and proper location of alcohol-based hand-rub solutions.



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K0062—SPRINKLER MAINTENANCE

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.

K0147—ELECTRICAL WIRING AND EQUIPMENT

Electrical wiring and equipment must be in accordance with National Fire Protection Association (NFPA) 70, National Electrical Code.

K0064—FIRE EXTINGUISHERS

Portable fire extinguishers are provided in all health care occupancies in accordance with NFPA 10.

K0045—EXIT LIGHTING

Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. Exit discharge lighting must be supplied by multiple lighting fixtures, one fixture with multiple independent bulbs, or high intensity discharge (HID) lighting with quick strike.

K0047—EXIT SIGNS

Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system.

K0051—FIRE ALARM SYSTEM

Fire alarm systems are manually tested monthly. Electronic or written records of tests are available. Fire alarm systems are maintained periodically and records of maintenance kept readily available. The system is tested annually.

K0025—SMOKE BARRIER CONSTRUCTION

Smoke barriers provide 1/2-hour fire rating (one hour in new construction). A minimum of two separate compartments are provided on each floor.

Take a look at your facility to see if it is deficient in these areas. If so, take corrective action to fix the problem areas.



CRITICAL ACCESS HOSPITAL EMERGENCY SERVICE

The Critical Access Hospital (CAH) regulation at 42 CFR 485.618(b) requires “Equipment, supplies, and medication used in treating emergency cases are kept at the CAH and are readily available for treating emergency cases. . .”

Recently, it has been determined some CAHs have been scheduling their emergency room for outpatient procedures. This results in the failure of the CAH to ensure the emergency room and all life-saving

equipment, supplies and medications are available for all patients. This practice has the potential to affect the CAH’s ability to treat all emergency cases and is especially concerning for cardiac and trauma patients arriving to the emergency room.

This practice will result in a deficiency at 42 CFR 485.618(b) which is C-0205. Review your current practice to ensure equipment, supplies and medication used in treating emergency cases are readily available.



HOSPITAL HAPPENINGS

NEW SURVEY AND CERTIFICATION LETTERS

The Centers for Medicare and Medicaid Services (CMS) transmits memoranda, guidance, clarifications and instructions to state survey agencies and CMS regional offices through use of survey and certification (S&C) letters. Below is a list of the new S&C letters affecting hospitals since May 15, 2010. The S&C letters are available at:

www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage.

- **S&C 11-10** Revised Hospital Anesthesia Interpretive Guidelines—State Operations Manual Appendix. 1/14/11

Revisions to Recently Updated Interpretive Guidelines for Anesthesia Services.

- **S&C 11-09** Approval of Deeming Authority of Det Norske Veritas Healthcare (DNVHC) for Critical Access Hospitals. 1/14/11

CMS has approved DNVHC as a national accreditation program for Critical Access Hospitals seeking to participate in the Medicare or Medicaid programs.

- **S&C 11-07** Interior Finish Documentation Requirement for Multiple Providers. 12/17/10

The purpose of this memorandum is to clarify the CMS policy regarding existing interior finish and the requirements for documenting flame spread rating of existing interior finish materials.



- **S&C 11-04** Fiscal Year (FY) 2011 Inpatient Prospective Payment System (IPPS) Rule Changes Affecting Survey and Certification. 11/26/2010

The final FY 2011 IPPS rule was published on Aug. 16, 2010, (75 FR 50042) and was effective Oct 1, 2010. Several provisions in the rule directly affect areas of survey and certification responsibility. There also were changes in the Medicaid rules that are of interest because of their connection to the Hospital Conditions of Participation as well as CMS approved national hospital accreditation programs.

- **S&C 10-25** Extension of Long-Term Care Hospital (LTCH) Moratorium. 07/27/10

LTCH Moratorium Extended and No Changes to Administration of Moratorium.

- **S&C 10-22** Questions Related to State Agency (SA) Records Management Policy for Paper and Electronic Formats. 07/12/10

Release of records and posting 2567s on state website, and paper and electronic record retention. Provides cross-references and links to establish CMS electronic file management and other guidance for use by SAs.



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